

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38630

File No. 10298

Registered No. St. Ward)

1. PLACE OF DEATH

County

Registration District No. 701

Township

Primary Registration District No. 008

City St. Louis

(No. 3461

Oak Hill

St.

Ward)

FULL NAME LENA MAY CAUGH

(a) Residence, No. 3461 Oak Hill
(Usual place of abode)

St., 16

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF

Lawrence Caugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

About 70

?

?

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

At Home

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ohio

FATHER

13. NAME

Sam Coddling

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ohio

MOTHER

15. MAIDEN NAME

Catherine Jones

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ohio

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Missouri Crematory Dec. 2, 1933

19. UNDERTAKER
(ADDRESS)

20. FILED

1933

Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from
November 27, 1933, to November 29, 1933

I last saw her alive on November 29, 1933. Death is said
to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset
1933

Other contributory causes of importance:

Cerebral Apoplexy

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

R. Scherman

(Address)

2919 S. Kingshighway Blvd., M. D.
St. Louis, Mo.

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